

retightening the first. 4. The division of the pedicle is a most important detail, to the neglect of which many cases of slipping are due. The writer emphasizes the fact that it makes little difference how much tissue is left on the distal side of the ligature; a short-cut pedicle, and especially one that is divided straight across, is always dangerous. If it is thin and broad, it should be divided as in making the flaps in an amputation.

MEMBRANOUS DYSMENORRHEA.

DUKE (*Medical Press and Circular*, July 10, 1895) has met with satisfactory results with the following treatment: The os externum is scarified at intervals of three or four days between the periods; just before the flow is expected the cervix is dilated, the interior of the uterus is thoroughly curetted, and a spiral wire stem is introduced, which is worn continuously during at least three subsequent periods, the patient being directed to take hot vaginal douches even when menstruating. No harm has resulted from the use of the stem, and the patient is able to attend to her ordinary duties.

NORMAL AND PATHOLOGICAL POSITIONS OF THE UTERUS.

MACKENRODT (*Archiv für Gynäkologie*, Band xlviii. Heft 3) summarizes a paper on this subject as follows: Contrary to the usual statement the pelvic fascia is not perforated by the vaginal canal, but surrounds and sends off to the cervix and vagina firm bands, those attached to the latter forming with it the strongest point of resistance to the abdominal pressure. The cervix uteri is so attached by the pelvic fascia as to occupy the position of slight ante flexion seen in the embryo. This normal flexion takes place in the cervix, the corpus uteri being inclined forward, while its axis remains perfectly straight. The uterus is kept in a position of anteversion by its ligaments, but remains passive, in the direction of the upper portion of the cervix. Its own weight and the intra-abdominal pressure also assist the organ in maintaining its normal position. The perineum offers only a slight resistance to the intra-abdominal pressure. The real support of the uterus in its normal position is afforded by the attachment of the pelvic fascia to the cervix. Hence the deduction that the true cause of posterior displacements of the organ is to be sought for in relaxation of this fascia. In prolapsus the same condition is present plus atrophy of the muscles forming the pelvic floor, which may be due as much to general as to local causes.

PAPILLARY GROWTHS OF THE OVARY.

PFANNENSTIEL (*Ibid.*) concludes an elaborate paper on this subject with these practical deductions: The clinical history and prognosis of these neoplasms vary greatly. While papillary parovarian cysts and hydrops folliculi are quite innocent, ovarian sarcoma and carcinoma of the papillary variety are extremely malignant. Between these extremes stands papillary adenoma, the prognosis of which is favorable, provided that the entire tumor is removed and there are no metastases on the peritoneum. Even when portions of the tumor are left behind, the progress of the case to a

fatal termination is slow. On the other hand, a considerable proportion of these papillary cysts are primarily carcinomatous. Malignant degeneration of a true adeno-papilloma is by no means so common as has been stated. Removal of the tumor without delay is the only proper course to be pursued, since we cannot certainly tell beforehand whether it is malignant or not; even in the case of a growth which is histologically benign the development of secondary masses in the peritoneum must render the prognosis less favorable. Contact of the fluid with the peritoneum during the operation should be avoided, and explorative puncture is especially reprehensible. The opposite ovary should be removed in every case of this nature, even when it is microscopically normal, since there is great probability that if left it will also become the seat of a papillary growth. The urgent wish of the patient expressed before operation should alone induce the surgeon to vary from this rule.

THE OVARIES IN OSTEOMALACIA.

ROSSIER (*Ibid.*) made careful examinations of the ovaries in three cases in which castration was performed for the cure of osteomalacia. To the naked eye they showed nothing abnormal except general hyperæmia. Microscopically the stroma and follicles presented a normal appearance, but in the cortical substance the vessel-walls were hypertrophied and were the seat of extensive hyalin degeneration. Whether this points to a peculiar condition of the blood or not is mere inference. As regards the etiology of the disease, the writer regards Fehling's explanation as the most plausible, that it is a tropho-neurosis of the bones due to some reflex influence originating in the ovaries.

CHANGES IN THE FEMALE GENITAL ORGANS IN BASEDOW'S DISEASE.

THEILHABER (*Ibid.*) from personal observation in several cases infers that in certain individuals who are predisposed to morbus Basedowii it may result from pathological conditions of the pelvic organs, while, conversely, disturbances of these organs may be directly due to the disease itself. Pregnancy, hemorrhages, and operations, especially castration, may be etiological factors. Atrophy of the uterus and adnexa may result, as shown by the fact that menstruation is always scanty or absent. That more cases have not been reported is doubtless due to the fact that few patients have been carefully examined with the view of determining this point. This atrophy is due to vasomotor influences, and not to anæmia, as is usually stated. In a case of the writer's, atrophy of the uterus preceded the usual signs of the disease. With improvement in the patient's condition the organ may return to its normal condition, as in cases of hyperinvolution during lactation.

As a practical deduction from the foregoing the writer states that young women with Basedow's disease should be advised not to marry, while the married are warned that the course of the disease may be unfavorably affected by pregnancy and the puerperium, and that the children which they bear are likely to be highly neurotic. Atrophy of the genitals demands no treatment, which, in fact, is useless. The prognosis is not hopeless, since